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Patent

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of : ) Express Mail Label No. T B6  
Melvin L. Barnes, Jr. *et al.* )  
Serial No.: Not Assigned ) Group Art Unit: Not Assigned  
Filed: Herewith ) Examiner: Not Assigned

## **For: A Method and Apparatus For Providing Communication Transmissions**

**TRANSMITTAL LETTER**

**Assistant Commissioner for Patents  
Washington, D.C. 20231**

Sir:

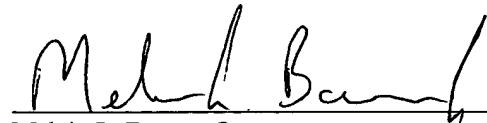
The following are enclosed for consideration in the above-identified application:

|  | FEE       |
|--|-----------|
| [ X ] New Utility Application<br>Specification Pages: 73<br>Drawing Sheets: 5<br>Claim pages: 8<br>Abstract pages: 1 | \$ 345.00 |
| [ X ] Statement Claim Small Entity Status (37 C.F.R. 1.9(f) & 1.27(b)) - Independent Inventor                        | \$        |
| [ ] Response to Notice to File Missing Parts   | \$        |
| [ ] Response to Notice of Incomplete Application   | \$        |
| [ X ] Declaration and Power of Attorney: [ X ] Original; [ ] Supplemental  | \$        |
| [ ] Submission of Formal Drawings  | \$        |
| [ ] Formal Drawings: _____ Sheets _____ Figures  | \$        |
| [ ] Information Disclosure Statement and Form 1449 and _____ References  | \$        |
| [ ] Amendment: [ ] Preliminary; [ ] § 116; [ ] § 312; [ ] Other  | \$        |
| [ ] Request for Extension of Time for _____ month(s)   | \$        |
| [ ] Issue Fee: [ ] Part B - Issue Fee Transmittal [ ] Part C - Charge to Deposit Account                             | \$        |
| [ ] Notice of Appeal   | \$        |
| [ ] Appeal Brief   | \$        |
| [ ] Request for Oral Hearing   | \$        |
| [ ] Reply Brief  | \$        |
| [ ] Other:   | \$        |
| [ ] No additional claim fee is required  | \$        |
| [ X ] An additional claim fee is required, and is calculated as shown below  | \$ 117.00 |
| <b>TOTAL FEES BEING SUBMITTED</b>  | \$ 462.00 |

|   | Claims Remaining | Claims Paid For | Extra | Rate                           | Fee              |
|---|------------------|-----------------|-------|--------------------------------|------------------|
| Total Claims                              | 20               | 20              | 0     | x \$9.00                       | \$ 0.00          |
| Independent Claims                        | 6                | 3               | 3     | x \$39.00                      | \$ 117.00        |
| Multiple Dependent Claims (if applicable) |                  |                 |       | \$                             | \$               |
|   |                  |                 |       | <b>TOTAL EXCESS CLAIMS FEE</b> | <b>\$ 117.00</b> |
| <b>SMALL ENTITY TOTAL (if applicable)</b> |                  |                 |       |                                | <b>\$ 0.00</b>   |

Enclosed is a check in the amount of \$462.00 for the above listed fees. The Commissioner is requested to contact the undersigned in the event of an overpayment or underpayment of any fees. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,



Melvin L. Barnes, Jr.  
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Dated: June 29, 2000

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